

Smoking Cessation Class Reimbursement FY2004



MEMBER INFORMATION			
NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER - -	BIRTHDATE (mm/dd/yyyy) / /	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male
HOME ADDRESS	CITY / STATE / ZIP	HOME PHONE ()	
EMPLOYEE INFORMATION			
EMPLOYER/DEPARTMENT (Please do not abbreviate)		DIVISION	
WORK ADDRESS	CITY / STATE / ZIP	WORK PHONE ()	
SPOUSE INFORMATION			
EMPLOYEE'S SOCIAL SECURITY NUMBER - -			
OTHER INFORMATION			
E-MAIL ADDRESS		COUNTY	
DID YOU ATTEND HEALTHY UTAH? <input type="checkbox"/> Yes <input type="checkbox"/> No	TESTING DATE	STATUS <input type="checkbox"/> Primary Subscriber <input type="checkbox"/> Spouse	

INSTRUCTOR/CLASS INFORMATION	
CLASS PROVIDED BY	
CLASS FEE \$	AMOUNT FOR REIMBURSEMENT (PEHP reimburses 1/2 the cost of a smoking cessation class, up to \$40) \$
START DATE	LENGTH OF CLASS <input type="checkbox"/> 8 weeks <input type="checkbox"/> 10 weeks <input type="checkbox"/> 12 weeks <input type="checkbox"/> OTHER:

Requirements:

1. Must currently smoke.
2. Attend all classes (or make up the classes missed) of an approved community class*.
3. Quit smoking during the class course and remain smoke-free for at least four weeks.
4. Have an instructor complete the bottom section of this form and sign for verification.

INSTRUCTOR VERIFICATION												
SESSION #	1	2	3	4	5	6	7	8	9	10	11	12
ATTENDANCE DATES												
CESSATION (mark with an "x" each week as a non-smoker)												
INSTRUCTOR'S INITIALS												
ACTUAL QUIT DATE	INSTRUCTOR'S SIGNATURE (<i>At the end of class</i>)											

RETURN THIS FORM AT THE END OF THE ENTIRE COURSE TO

Healthy Utah, P. O. Box 142107, Salt Lake City, Utah 84114-2107

PAYMENT AUTHORIZATION	DATE	COMPUTER ENTRY
-----------------------	------	----------------